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June 28, 2019

## **PUBLIC NOTICE**

SUBJECT: Final Action for Professional Service Fee Schedules

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following action regarding professional service fee schedules under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for dates of service on and after July 1, 2019, SCDHHS will amend the South Carolina Title XIX State Plan to update the fee schedule for providers indicated below.

SCDHHS will transition from the 2009 to the 2019 Medicare fee schedule as a basis for determining Medicaid reimbursement. Base Medicaid rates will be set at 78% of the Medicare fee schedule for evaluation, preventative care and diagnostic services. Base Medicaid rates will be set at 71% of the Medicare fee schedule for all other services. Providers who currently participate in the Enhanced Physician Fee Schedule program will be reimbursed at 129% of the base Medicaid rate. Neonatologists and pediatric subspecialists will be reimbursed at 140% of the base Medicaid rate. Rates for durable medical equipment (DME), where the rate is determined based on Medicare rates, will be updated to 100% of the 2019 Medicare Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) non-rural fee schedule. Rates not based on the Medicare rates, including respiratory and enteral nutrition services, will remain at the current rate.

In the aggregate, these actions will result in an increase in provider reimbursement. SCDHHS projects that annual aggregate Medicaid expenditures will increase by approximately \$16,300,000 (total dollars).

Copies of this notice are available at each SCDHHS Healthy Connections Medicaid office and at <u>scdhhs.gov</u> for public review. Additional information regarding this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Coverage and Benefit Design, Jefferson Square Building, 1801 Main Street, Columbia, South Carolina, Monday through Friday between 9 a.m.-5 p.m.

## **Notice of Non-Discrimination**

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-808-4238 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs. gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0820-549-888 (رقمهاتف الصم والبكم: 3620-842-888). إذا كنت تتحدث اذكا للغة، فإن

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हृदी बोलते हृ तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध हृ। 1-888-549-0820 (TTY: 1-888-842-3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမ့်္ဂကတိုး ကညီ ကျိုာ်အယို, နမ်းနှုံ ကျိုာ်အတာ်များလျှ တလာဘာျဉ်လက်စ္စု နီတမီးဘဉ်သံ့နှဉ်လီး. ကိုး 888-549-0820 (TTY: 888-842-3620)

ማስታወሻ: የሚናንሩት ቋንቋ ኣጣርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ i-888-549-0820 (መስማት ለተሳናቸው: i-888-842-3620).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် င့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဇုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ် ဆိုပါ။